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FITZPATRICK 30 ROCKEFELI NEW YORK, N		ER & SCINTO	I h Sta adc trai	Certificate of Mailing or Transmission I hereby certify that this Pec() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an enveloped classes of the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the UFF10 (271) 273-2883, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ORNEY DOCKET NO.	CONFIRMATION NO.	
09/471,030 TITLE OF INVENTION INFORMATION FROM	12/23/1999 N: INFORMATION PI A PLURALITY OF IN	ROCESSING APPARAT PUT UNITS	MASANORI WAKAI FUS AND METHOD C.	APABLE OF PROCES	03500.014127. SING DIFFERENT T	6923 YPES OF	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0	\$1510	11/21/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
SPOONER, LAMONT M		2626	704-009000	-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) Change of correspondence address (or Change of Correspondence Address from PTO/SB/1/2) attached. "Fee Address" indication (or "Fee Address" Indication from PTO/SB/4/2, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, Alternatively, (2) the name of a single firm (laving as a member a registered attorney or agend and the names of up to 2 registered patent attorneys or agents. If no name is stated, no name will be printed.				

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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08/21/2008

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CANON KABUSHIKI KAISHA TOKYO, JAPAN Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government 4a. The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies ____ 5 ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).

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Authorized Signature / Shant Tchakerian #61,825/ Date November 21, 2008 Typed or printed name Shant H. Tchakerian Registration No. 61,825

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